

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

07

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

08

02

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		57647.24
(b) Cash on Hand at Beginning of Reporting Period .....	70181.01	
(c) Total Receipts (from Line 19) .....	14810.66	219764.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	84991.67	277411.32
7. Total Disbursements (from Line 31) .....	42600.00	235019.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42391.67	42391.67
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9059.14	50538.55
(i) Itemized (use Schedule A) .....	751.52	22225.53
(ii) Unitemized .....	9810.66	72764.08
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	5000.00	147000.00
(c) Other Political Committees (such as PACs) .....	14810.66	219764.08
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14810.66	219764.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14810.66	219764.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	230712.73
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	211.92
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	211.92
29. Other Disbursements.....	600.00	4095.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42600.00	235019.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	42600.00	235019.65

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14810.66	219764.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	211.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14810.66	219552.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leah J. Walters

Mailing Address 101 Consitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurance

Occupation  
Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 6

Transaction ID: 15907122

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Edward J. Zore

Mailing Address 720 East Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Mutual Life  
Insurance Com

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 16026576

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Barry Griswell

Mailing Address 711 High Street  
S-006-S55

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Principal Financial Group,  
The

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 16132320

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional) .....

4150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr John D Rosenkranz

Mailing Address 15424 S Michaele Driev

City State Zip Code  
 Oak Forrest IL 60452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MTL Insurance Company

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 9 / 2 0 0 6

Transaction ID: 16132321

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW  
 Suite 700

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.84

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR112048977736

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Sem-  
i-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW  
 Suite 700

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR115642717736

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

433.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Executive Vice Pres & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1820.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77135827736

Amount of Each Receipt this Period

260.00

P/R Deduction (\$130.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B.** Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Managing Dir., Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77136247736

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C.** Mr. Michael J. Bartholomew

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77136287736

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Managing Director, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77136547736

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)

Ms. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
VP, Legislative & Regulatory Informati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77136907736

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1569.95

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77137327736

Amount of Each Receipt this Period

224.28

P/R Deduction (\$112.14 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

304.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.13

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR77137357736

Amount of Each Receipt this Period

41.16

P/R Deduction (\$20.58 Sem-  
i-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.09

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR77137407736

Amount of Each Receipt this Period

102.92

P/R Deduction (\$51.46 Sem-  
i-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR77137437736

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

174.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77137607736

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B.** Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77137687736

Amount of Each Receipt this Period

41.00

P/R Deduction (\$20.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C.** Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77137717736

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

301.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ms. Linda L. Lanam

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Annuities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77137737736

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B.** Mr. Donald G. Preston Jr.

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Managing Director, Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013.59

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77138647736

Amount of Each Receipt this Period

144.80

P/R Deduction (\$72.40 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C.** Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Executive Vice President, Federal Rela

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2194.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77139517736

Amount of Each Receipt this Period

313.54

P/R Deduction (\$156.77 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

508.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John Pearson

Mailing Address 10075 Red Run Boulevard

City State Zip Code  
 Owings Mills MD 21117-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baltimore Life Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77140267736

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Mark Canter

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel, Federal Taxes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.07

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77141007736

Amount of Each Receipt this Period

38.58

P/R Deduction (\$19.29 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)

Mr. Morris Goff

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Taxes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.57

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77141937736

Amount of Each Receipt this Period

76.08

P/R Deduction (\$38.04 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

214.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Keating Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR77141977736 Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2916.62		P/R Deduction (\$208.33 Semi-Monthly)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR77141987736 Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers Occupation Executive Vice President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2916.62		P/R Deduction (\$208.33 Semi-Monthly)
<b>C.</b> Full Name (Last, First, Middle Initial) Brenda Nation Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR77141997736 Amount of Each Receipt this Period 100.00
Name of Employer American Council of Life Insurers Occupation Senior Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

933.32

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Nancy Smith Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Council of Life Insurers Occupation Executive Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR77142007736 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Semi-Monthly)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Daniel J. Mahoney Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Council of Life Insurers Occupation Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.50		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR77142097736 Amount of Each Receipt this Period 111.50 P/R Deduction (\$55.75 Semi-Monthly)
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Debra K. West Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Council of Life Insurers Occupation Senior Counsel & Director, Southern Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR77142107736 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

241.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ms. Katherine C. Smith

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
PAC Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142297736

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Sem-  
i-Monthly)

Full Name (Last, First, Middle Initial)

**B.** Ms. Lisa Tate

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142327736

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Sem-  
i-Monthly)

Full Name (Last, First, Middle Initial)

**C.** Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Legislative Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142877736

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

211.26

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Vice President, Federal Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

787.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142887736

Amount of Each Receipt this Period

112.50

P/R Deduction (\$56.25 Sem-  
i-Monthly)

B. Full Name (Last, First, Middle Initial)

David C. Turner

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Sr. Vice President and Corp Sec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1094.15

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77142897736

Amount of Each Receipt this Period

162.50

P/R Deduction (\$81.25 Sem-  
i-Monthly)

C. Full Name (Last, First, Middle Initial)

Ms. Susan Harvey

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life  
Insurers

Occupation  
Director, Outreach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77143527736

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

315.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Alane R. Dent

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.09

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77144437736

Amount of Each Receipt this Period

45.30

P/R Deduction (\$22.65 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B.** T. Scott Dixon

Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77144497736

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C.** Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77144967736

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

135.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Gregory F. Jenner

Mailing Address 101 Constitution Avenue Nw  
Suite 700

City State Zip Code  
Washington DC 20080-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Executive Vice President, Taxes

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2821.44

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR77525897736

Amount of Each Receipt this Period

435.72

P/R Deduction (\$217.86 Se-  
mi-Monthly)

Full Name (Last, First, Middle Initial)

**B.** Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City State Zip Code  
Lansdale PA 19446-1671

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
London Life Reinsurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR79811447736

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

**C.** Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Vice President, Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.37

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR80514917736

Amount of Each Receipt this Period

131.34

P/R Deduction (\$65.67 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

627.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Mehlman

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Council of Life  
Insurers

Occupation  
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y

**Transaction ID:** PR90481957736

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

9059.14

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 30

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input checked="" type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	-------------------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ohio National Life PAC

Mailing Address One Financial Way

City	State	Zip Code
Cincinnati	OH	45242

FEC ID number of contributing  
federal political committee.**C** C00296657

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	0	6

Transaction ID: 16178624

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Bluegrass Committee**

Mailing Address 400 North Capitol Street NW  
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15975133

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Friends of John Boehner**

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name  
John Boehner

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 8

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15975120

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Boswell For Congress**

Mailing Address 301 4th Street, NE  
Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name  
Rep. Leonard Boswell

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 3

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15975043

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Brown-Waite for Congress

Mailing Address 704 Ponce De Leon Blvd

City Brooksville State FL Zip Code 34601

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Ginny Brown-Waite

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 5

Transaction ID: 15975084

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Citizens for Bunning

Mailing Address 1717 Dixie Highway  
Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Jim Bunning

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 1

Transaction ID: 15975359

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DCCC

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15975410

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 30

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** DSCC

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15975411

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** ERICPAC

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15975129

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 13 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Hatch Election Committee

Mailing Address 257 East 200 South Suite 950

City Salt Lake City State UT Zip Code 84111

Purpose of Disbursement

Candidate Name  
Orrin Hatch

Office Sought: ☐ House  
☒ Senate  
☐ President

State: UT District: 1

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15975135

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Wally Herger for Congress Committee**

Mailing Address P.O. Box 1500

City  
Chico

State  
CA

Zip Code  
95927

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Wally Herger

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 2

Transaction ID: 15975088

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Trent Lott For Mississippi**

Mailing Address 201 N. Union Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Trent Lott

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 2

Transaction ID: 15975065

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Manzullo for Congress**

Mailing Address PO Box 16021

City  
Alexandria

State  
VA

Zip Code  
22302

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Donald Manzullo

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 16

Transaction ID: 15975130

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** McCrery for Congress

Mailing Address P.O. Box 52956

City  
Shreveport

State  
LA

Zip Code  
71135

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Jim McCrery

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 15975126

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Richard E. Neal for Congress Committee

Mailing Address P.O. Box 15906

City  
Chevy Chase

State  
MD

Zip Code  
20825

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Richard Neal

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 15975078

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** NRCC

Mailing Address 320 First Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15975415

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** NRSC

Mailing Address 425 2nd Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15975414

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Putnam For Congress

Mailing Address 3323 North Washington Blvd

City  
Arlington

State  
VA

Zip Code  
22201

Purpose of Disbursement

Candidate Name  
Rep. Adam Putnam

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: 15974895

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Royce Campaign Committee

Mailing Address P.O. Box 2525

City  
Orange

State  
CA

Zip Code  
92859

Purpose of Disbursement

Candidate Name  
Ed Royce

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: 15975062

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Heather Wilson For Congress

Mailing Address P.O. Box 14070

City  
Albuquerque

State  
NM

Zip Code  
87191

Purpose of Disbursement

Candidate Name  
Rep. Heather Wilson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NM

District: 1

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15975064

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

42000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ken Armbrister for Senator

Mailing Address P.O. Box 5017

City  
VictoriaState  
TXZip Code  
77903Purpose of Disbursement  
Void - Check Not ReceivedCandidate Name  
Ken Armbrister011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2006 TX Primary

State: TX

District: 18

Transaction ID: 16186461

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Amount of Each Disbursement this Period

-500.00

Void - Check Not Received

Full Name (Last, First, Middle Initial)

**B.** Vermont Democrat State Senate Campaign

Mailing Address P.O. Box 461

City  
BurlingtonState  
VTZip Code  
05402

Purpose of Disbursement

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 15976143

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Vermont Democrat State Senate Campaign

Mailing Address P.O. Box 461

City  
BurlingtonState  
VTZip Code  
05402

Purpose of Disbursement

Void - Vermont Democrat State Senate Cam

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 15976147

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Amount of Each Disbursement this Period

-1000.00

Void - Vermont Democrat  
State Senate Campaign

SUBTOTAL of Disbursements This Page (optional) .....

-500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Vermont Democrat State Senate Campaign

Mailing Address P.O. Box 461

City  
Burlington

State  
VT

Zip Code  
05402

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 15976148

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

500.00